

Co-occurring Substance Use and Abuse Among Youth in San Diego County

San Diego County Children, Youth and Families Behavioral Health Services (CYFBHS) is committed to identifying and treating youth in the system with concurrent substance abuse problems. The Children, Youth and Families Behavioral Health System of Care (CYFBHSOC) Outcomes Committee and CASRC evaluated potential underreporting of a secondary substance abuse diagnosis in San Diego County, compared rates of substance abuse in San Diego to rates identified in California and in the United States, and operationalized three categories of co-occurring substance use/abuse for clinically relevant identification and treatment.

Underreporting of Dual Diagnosis in San Diego County

A dual diagnosis occurs when a client receives *both* a mental health diagnosis *and* a diagnosis of alcohol or drug abuse. There has been concern expressed in the behavioral health system that secondary substance abuse diagnoses among youth may be underreported. The CYFBHSOC Outcomes Committee and CASRC set out to determine if our system accurately captures co-occurring substance abuse.

In the San Diego County Behavioral Health system, two additional variables were identified beyond dual diagnosis as proxies for co-occurring substance abuse:

- 1) Endorsement of substance abuse-related "Other Factors Affecting Mental Health" as listed on the Anasazi Diagnosis form (v. 2008).
- 2) Involvement with Alcohol & Drug Services (ADS) during the same fiscal year.

Proportions of youth with operationally defined co-occurring substance abuse disorder in FY10-11 were calculated as follows: Dual Diagnosis (Table 1), Dual Diagnosis and/or Other Factors (Table 2), Dual Diagnosis and/or ADS involvement (Table 3), and Dual Diagnosis and/or Other Factors and/or ADS involvement (Table 4).

Table 1. Dual Diagnosis only, N=966 (5.3%)*

Age	N	% of Age Group	% of Youth with Dual Dx
0-5	2	0.1%	0.2%
6-11	0	0%	0%
12-17	821	8.6%	85%
18+	143	15%	14.8%

Table 2. Dual Dx/Other Factors, N=1,242 (6.9%)*

Age	N	% of Age Group	% of Youth with Dual Dx/Other Factors
0-5	2	0.1%	0.2%
6-11	8	0.1%	0.6%
12-17	1032	10.9%	83.1%
18+	200	21%	16.1%

Table 3. Dual Dx/ADS, N=1,423 (7.9%)*

Age	N	% of Age Group	% of Youth with Dual Dx/ADS
0-5	2	0.1%	0.1%
6-11	2	<0.1%	0.1%
12-17	1240	13.1%	87.1%
18+	179	18.8%	12.6%

Table 4. Dual Dx/Other Factors/ADS, N=1,665 (9.2%)*

Age	N	% of Age Group	% of Youth with Dual Dx/Other Factors/ADS
0-5	2	0.1%	0.1%
6-11	10	0.2%	0.6%
12-17	1421	15%	85.3%
18+	232	24.4%	13.9%

*Percent of total BHS youth population (N=18,100) in FY10-11

State and National Dual Diagnosis Rates

For comparison purposes, state and national rates of dual diagnosis were identified.

Dual Diagnosis in Youth in California and the United States, FY2010.[†]

Co-occurring MH and Substance Abuse Consumers	California	US Average	US Median	States Reporting
Percent of Children served through the SMHA who had a co-occurring MH and AOD disorder	9.3%	4.6%	4.0%	50

[†]Data from the California 2010 Mental Health National Outcome Measures Report (SAMHSA).

Three Categories of Substance Use/Abuse

Three categories of co-occurring substance use/abuse were operationalized.

- 1) Experimenting
 - a. Identified by endorsement of the following question (new item in the BHA, immediately following the CRAFFT): “Have you ever experimented (only 1-3 times) with any substances?”
 - i. BHA Help Text indicates that “Yes” is only to be endorsed when client is exclusively experimenting and has not progressed to regular use or abuse of any substances
- 2) At Risk
 - a. Identified by endorsement of the following question (new item in the BHA, under Family History): “Client has a parent or caregiver with a substance abuse problem?”
 - b. **and/or** CFARS Substance Use domain score of 4 or higher
 - c. **and/or** CRAFFT score of 2 or higher
- 3) Dual Diagnosis
 - a. Identified as secondary substance abuse diagnosis **and/or** involvement with ADS

New items added to the BHA in November 2012 are yes/no/unknown fields and are to be completed at Intake for new clients and updated as indicated. This stratification will provide a richer understanding of substance use in San Diego County, and data will be tracked and reported.

Clinical Considerations

- If a child indicates they have experimented with drugs or alcohol, this is an opportunity for the clinician to delve further into their substance use, monitor it over time, and examine reasons for the use (e.g., response to trauma, peer pressure, for fun, coping with anxiety, managing depressive symptoms, etc).
- If a child meets the criteria for At Risk, further assessment of their substance use and reasons for use is warranted, either by the clinician or via referral to a substance abuse counselor.
- The goal of substance use stratification is to increase awareness and improve clinically relevant identification and treatment of substance use/abuse issues.
- A secondary substance diagnosis is reimbursable through MediCal when Medical Necessity criteria are met.